## ARIZONA STATE BOARD OF HEALTH State File No. BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No. STANDARD CERTIFICATE OF BIRTH State ARIZONA District or Township No. SIG deve And St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make magarito supplemental report, as directed. 2. Full name of child... Sex of Child To be answered ONLY 4. Twin, triplet or other..... 6. Legitimate ? 7. Date in event of plural of birth 5. No., in order of birth...... FATHER MOTHER Full maiden name Maria Full name 9. Residence 15. Residence MIAMI, ARIZONA (Usual place of abode) MIAMI, ARIZONA (Usual place of abode) If non-resident, give place and state. If non-resident, give place and state. 16. Color or race 10. Color or race 11. Age at last birthday O (Years) Mexican Mex. an 17. Age at last birthday 33 (Years) 12. Birthplace (city or place)..... 18. Birthplace (city or place) (State or country) WW. G (State or country) 13. Occupation 19. Occupation Nature of Industry Nature of Industry (a) Born alive and now living...... 21. Were precautions taken against oph-20. Number of children of this mother. thalmia peonatorum? (b) Born alive but now dead.......... (Taken as of time of birth of child herein certified and including this child.) CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE \* 30 I hereby certify that I attended the birth of this child, who was aluxe (Born alive of stillborn) \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Signature ..... if, f. Millen, M. D. (Physician or midwife.) Given name added from MIAMI, ARIZONA ..... Address..... day, year

449-1229-436

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